

Last name letter



REGISTRATION
PAID ON

20 Acosta Street, Stamford, CT 06902

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2022-2023 REGISTRATION FORM

STUDENT/PARENT INFORMATION (please PRINT)

Student's Name	Date of Birth (m/d/year)	Student's Age	
Parent/Guardian Name	Home Phone	Cell or Work Phone (circle one)	
Address	City	State	Zip
School Attended	Grade		
E-mail Address			

CLASS INFORMATION (please PRINT)

Description	Day	Time	Cost
Description	Day	Time	Cost
Description	Day	Time	Cost
Description	Day	Time	Cost
Registration Fee			\$20.00
TOTAL Cost:			\$

RELEASE OF LIABILITY

Photo/Video Consent: Consent is granted for the student to be photographed or videotaped. These may be used without compensation in a public presentation. The student is free to refuse to be photographed or videotaped for this purpose.

Injury Release: It is understood that the risk of physical injury is inherent in dance training. Connecticut Ballet Center strives to reduce that risk through proper training techniques. However, by signing this form, the undersigned is willing to assume those risks and release, hold harmless and indemnify Connecticut Ballet Center, its related entities, agents, employees, officers and representatives from and against any and all claims, demands, actions, judgments which the undersigned, or any other person ever had or may have against Connecticut Ballet Center for any losses, costs and expenses (including attorney's fees) and damages or injuries known or unknown, real or personal, sustained by me or my child while in attendance and/or participating in Connecticut Ballet Center programs. The undersigned also agrees that he or she will not hold Connecticut Ballet Center responsible for the loss or damage of personal property while in attendance and/or participating in any of these programs. This waiver applies on going to my participation in any Connecticut Ballet Center programs on the premises of CBC, or at any of our performance venues.

Physical Contact: Dance is an art form that requires teachers to be able to have appropriate physical contact for the purpose of making technical corrections. Consent is granted for such physical contact.

Special Waiver: I hereby acknowledge that Connecticut Ballet Center has taken all necessary steps to abide by local and state health advisories and protocols to protect against the threat of Covid-19 while conducting its business operations, including but not limited to social distancing for parents/students/staff/faculty, class density, availability of hand sanitizer, disinfection of high-touch areas, modifications to space usage, reinforcing signage, mask-wearing requirements, etc. I understand the risks associated with exposure to Covid-19 in the larger community. Therefore, I hereby waive any liability on the part of Connecticut Ballet Center and hold it and its employees harmless in the event that I, my child, or members of my immediate family unit were to contract the Covid-19 virus during the current school year.

Signature of Student (if more than 18 years of age) or Parent/Guardian

Date